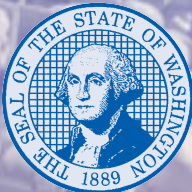


Washington State Board of Health

Annual Report 2002



PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON



An Ounce of Prevention

The highly public preparations for a possible smallpox attack...the westward flight of West Nile Virus...the growing awareness that we face an epidemic of obesity...this year's headlines have provided constant reminders of the importance of public health. The tools public health uses to respond to these emergent and very public crises—disease surveillance, laboratory testing, epidemiology, environmental monitoring, distribution of medicines and vaccines, health education, and more—are the same tools it uses every day as it works around the clock, and often behind the scenes, to protect the public's health and safety from various threats.

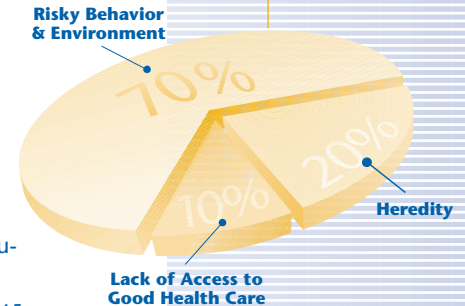
Public health is about understanding and preventing disease and injury across our entire population. It is a public and private partnership that improves health status by applying science to medical practice, personal behavior, and public policy. Public health services help communities to be healthy places to live, work and play, serve as a resource for reliable health information, and protect communities from hazards in the environment.

A hundred years ago, the average American lived to be 45. Through public health's leadership in communicable disease preven-

The work of public health is to:

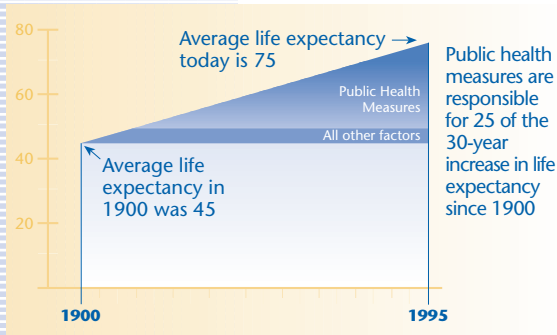
- *Help communities to be healthy places to live, work, and play*
- *Serve as a resource for reliable health information you can use*
- *Protect our communities from hazards in the environment*

Causes of Premature Death



tion and control, sanitation, immunization, nutrition, and education, the average lifespan in the United States has increased dramatically to 75 years. Advances in preventing premature death from heart disease, cancer, stroke and a dozen other illnesses

Life Expectancy



are among the reasons our lifespan continues to rise.

A 2002 Institute of Medicine Report, *The Future of the Public's Health in the 21st Century*, notes that while as much as 95 percent of health care spending goes to medical care and biomedical research,

"there is strong evidence that behavior and environment are responsible for more than 70 percent of avoidable mortality." Public health's enemies today include tobacco use, poor diet, lack of exercise, and environmental pollution. That is why current public health efforts have tended to focus on assuring healthy environments and promoting healthy behaviors.

At the same time, the heightened concerns about bioterrorism have increased awareness of public health's continuing efforts to confront a traditional enemy—communicable disease. Because of our growing interconnectedness in an increasingly global world, the United States and Washington face a compound threat—from new and re-emerging diseases and from diseases that have become resistant to antibiotics, as well as from the possible use of biological weapons.

The Board of Health is committed to partnering with the citizens of Washington and with other public health agencies to meet these multiple challenges.

Some Key Accomplishments

- Completed work of Genetics Task Force
- Produced *2002 State Health Report* in collaboration with the Governor's Subcabinet on Health
- Adopted rule establishing isolation and quarantine procedures
- Passed emergency rule to respond to vaccine shortage
- Showcased programs to recruit students of color for health careers
- Assisted with launch of Health Care Workforce Diversity Network
- Showcased "best practices" in local environmental health
- Updated work on evidence-based list of critical health services



The Board is part of a statewide network of state and local public health agencies that are always working for a safer and healthier Washington.

The Board's Book of Business

Public health is an essential service guaranteed to all residents by Washington State law. The State Constitution establishes the State Board of Health to help lead this effort.

The Board has ten members, nine of whom the governor appoints to three-year terms—two representing consumers, one representing elected city officials, one representing elected county officials, one representing local health officers, and four representing health and sanitation. The tenth member is the secretary of the Washington State Department of Health.

The Board divides its time between three related responsibilities—rule making, policy development, and providing a public forum through which citizens can help shape state health policy. The Board is part of a statewide network of state and local public health agencies that are always working for a safer and healthier Washington.

Rule Making

The Board is responsible for a wide range of health rules. These rules define a system that alerts us to new disease threats, protects the health of our food and drinking water, prevents and controls the

spread of communicable diseases, ensures that our children receive appropriate and timely health screenings and immunizations, keeps septic systems from contaminating streams and groundwater, and enhances the safety of a wide range of facilities Washingtonians use every day—pools, schools, restaurants, camps, pet shops, outdoor concert venues, hotels and resorts, and more.

Policy Development

The Board's duties include recommending state health policy. In recent years, the Board has significantly increased its policy activities to help point the way to new opportunities for public health improvement.

Every two years, a Board planning process identifies high priority areas for policy development. During spring 2001, the staff members conducted extensive research to identify critical issues facing public health in Washington. That research helped the Board set priorities for 2001-2003—health disparities, genetics and privacy, children's health and well-being, access to critical health services, and environmental health.

Every two years, the Board is responsible for generating a state health report for the governor. The report provides guidance to agency heads as they

develop budgets and craft request legislation for the upcoming biennium. In 2002, the Board collaborated with the Governor's Subcabinet on Health to produce a state health report intended to shape priorities for the 2003-2005 biennial budget.

Public Engagement

A central part of the Board's mandate is to invite the public into the policy development process. Its meetings around the state provide a forum for public testimony on any health subject and it regularly holds public hearings on specific topics. It takes seriously its commitment to engage stakeholders and the general public in all rule making, and state government looks to the Board to convene forums on emerging health issues such as health care access and the policy implications of emerging genetic technologies.

In all aspects of its work, the Board prides itself on encouraging collaboration. Bringing together first responders to discuss isolation and quarantine rules, convening a broadly representative Genetics Task Force, recommending stronger partnerships for improving access to critical health services, and helping launch the statewide Health Care Workforce Diversity Network—these are just some examples of that attitude at work.

2002 Rule Reviews

- Communicable Disease Control in Emergencies
- Auditory and Visual Screening
- Scoliosis Screening
- Newborn Screening
- Vital Statistics
- Prenatal Testing
- Food Service
- Food Worker Card Fees
- On-site Sewage
- Group A and B Water Systems
- Water Recreation
- Transient Accommodations
- HIV Counseling and Testing Standards for Pregnant Women

PRIORITY PROJECTS:

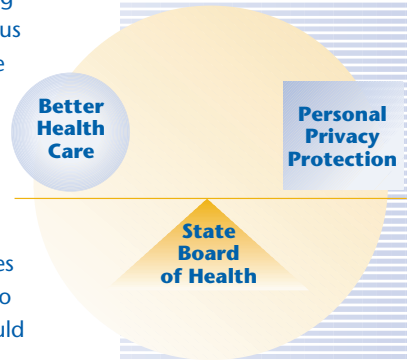
Genetics and Privacy

Rapid developments in the field of human genetics are paving the way to identifying, managing, and even curing numerous diseases. As our understanding and awareness of genomics—the interactions between human DNA and environmental factors—increases, our approaches to public health and medicine will change. Similarly, this knowledge will affect the structure of social institutions such as marriage, reproductive customs, personal privacy and civil rights. How can we encourage the development of genomic technologies without jeopardizing the values of our free and open society? Is our personal privacy and right to be free of unfair discrimination adequately protected? How should society respond when genetic information is misused?

During 2002, the Board established itself as the leading forum for data-driven, thoughtful dialogue on these and similar questions by responding to the Legislature's call to convene a broad-based Genetics Task Force (GTF). The 22-member task force included some of our nation's preeminent genetics experts who live and work in our state, as well as a broad cross-section of public health, medical, legal, business and consumer advocates and policy advisors.

At the Legislature's direction, the Board convened a task force to review the potential risks to privacy and potential benefits of emerging DNA technologies.

Balancing Health and Privacy



Members of the task force contributed generously of their time and expertise to review scientific and legal evidence and to hear from several of our state's experts in genetics, biotechnology, civil rights, medicine, and the law. Ultimately, the GTF produced a carefully considered statement on genetics, privacy, and discrimination. The report serves not only as a compendium of current law and practice regarding genetics, civil rights, and privacy, it also offers 11 recommendations designed to move our state's policy dialogue forward on these issues.

The fact that a few GTF members offered well-reasoned and well-documented dissenting opinions with regard to a few of the report's recommendations added dimension and perspective to some of the more contentious issues the GTF addressed. Despite these dissents, the final report as a whole received the enthusiastic endorsement of virtually all Genetics Task Force members.

Key Findings and Conclusions

- Genetic information is private health information and is protected in most health related settings under current law; fewer protections may exist outside the health care system.
- A complex set of laws, rules and agency interpre-

tations seem to address many important types of genetic discrimination, but the application of these laws to situations specifically related to genetics has not been tested in the courts.

- It is not clear whether the lack of genetic privacy and discrimination complaints to state agencies is evidence that these events do not occur or that awareness of existing legal remedies and reporting systems is limited.

Key Consensus Recommendations

- Educate all on the complex network of existing genetics privacy and anti-discrimination laws and rules.
- Designate a central agency to receive and act on reports of genetic discrimination or violations of genetic privacy.
- Place in rule the existing privacy protections governing the state's newborn screening specimens and data.
- Require specific informed consent for collection, testing, storage, disclosure or other use of any genetic sample taken for an already legally sanctioned purpose.
- The existing prohibition on first cousin marriages is not medically justified and should be removed.

GTF Membership

The Board's Genetics Task Force comprised representatives from:

- Genetics counselors
- Private and public purchasers of medical care
- Medical ethicists
- Biotechnology firms
- Researchers and research institutions
- Health insurers
- Consumers and parents
- Doctors, hospitals, and laboratories
- State and local public health
- Trial attorneys
- Privacy experts and advocates

PRIORITY PROJECTS:

Emergency Response and Public Health Capacity

The terrorist attacks and anthrax outbreak of 2001 underscored the importance of ensuring all Washington residents have access to a strong, integrated system of public health and health care programs. The Board scrutinized our public health and health care readiness in the weeks following the attacks. In November 2001, it adopted a report calling for protecting, and enhancing when appropriate, the state and local health infrastructure.

One recommendation was for the Board to ensure its own rules were adequately robust. The Board responded by proposing revisions to its rules governing communicable disease reporting, disease and contamination control measures, and the emergency powers of local health officers. The revisions were designed to provide modern civil liberties protections during periods of isolation and quarantine and to highlight statutory requirements that police agencies enforce orders issued by a local health officer. After broad review and two public hearings, the Board adopted the rule change in December 2002.

"We are certainly not unprepared to deal with bioterrorist threats, but I think we have a long way to go before our system could be described as fully prepared."

— Tom Locke, M.D., M.P.H.
Board Member

New Emergency Powers Rule

- Clarifies that local health officers may order isolation and quarantine for up to 10 days without a court order when there is a risk of serious and imminent harm
- Establishes timelines, right to hearing, burden of proof, right to counsel, and other due process protections
- Iterates enforceability of isolation and quarantine orders

The complete rule revisions are available on the Web at www.doh.wa.gov/sboh/rules/emergency.htm

PRIORITY PROJECTS:

Environmental Health

In 2000-01, the Board found that communities want more meaningful involvement in identifying and addressing environmental health issues. For 2001-03, its Environmental Health committee is following up on this work by:

- surveying community assessment processes for environmental health
- working with agency and community representatives to evaluate those processes
- recommending ways to increase community engagement in addressing environmental health issues.

At its September 2002 meeting, the Board highlighted local health department environmental health “best practices”—programs that included informing and educating the public and mobilizing community partnerships, as well as community assessment. The Board toured a local health department “best practice” that engaged the community in developing a solution to local water quality issues (see sidebar).

The committee also continues to revise environmental health rules—food service, for example, and onsite sewage—and responds to citizen inquiries on issues such as school indoor air quality.

Community-based Solutions

When contamination forced the closure of shellfish growing areas, the Skagit County Department of Health didn’t simply fine homeowners with inadequate septic systems. Instead, department staff and community members worked together to find community-based solutions—such as the Edison community sewer system, which the Board toured at its September 2002 meeting.

Environmental health is the art and science of protecting against environmental factors—whether in the natural or built environment—that adversely impact human health in the present or in the future.



"In the debate about health care access, we seldom ask, 'Access to what?' Are all health services of equal importance or are some more important than others?"

*— Tom Locke, M.D., M.P.H.
Board Member*

PRIORITY PROJECTS:

Access to Critical Health Services

Mounting medical evidence supports the value of promoting access to a wide range of public health, clinical preventive, primary, secondary, tertiary and chronic care services to improve health outcomes. Lack of access is associated with poor outcomes. But few efforts to promote access to medical services proceed from a clear, public health-oriented evidence base in determining which services should be broadly available.

During 2001, the Board finalized a menu of critical health services to further the access discussion in this way. The menu is a list of health and medical services with proven effectiveness to address significant community health problems. It was developed as an aid to local health jurisdictions as they seek to implement a portion of Washington's Standards for Public Health Improvement, and as an aid to major purchasers as they set priorities.

During 2002, despite the worsening economy and state fiscal situation, the Board successfully promoted its evidence-based, public health approach with state health care purchasers and some local health jurisdictions. In addition, the Board promoted favorable consideration of several elements of the menu in public health policy and purchasing decisions.

Menu of Critical Health Care Services

- Proven clinical preventive screenings and health checks
- General access to primary, emergency, and consultative specialty care
- Behavioral health risk services such as tobacco use prevention
- Communicable and infectious disease prevention and treatment
- Behavioral and mental health services
- Cancer screening and treatment
- Chronic condition and disease management
- Disability assistance
- Oral health promotion and treatment

In December, the Board approved a detailed status report on its efforts. The report summarizes recent trends in medical care financing, reviews the increasing support in the medical literature for an evidence-based approach like the Board's menu, cites examples of how local health jurisdictions are promoting access, and calls for continued efforts to use the menu to inform state and local efforts to establish priorities for improving access.

Key State Board of Health Recommendations:

- The Public Health Improvement Partnership should consider creating a new Committee on Access to Critical Health Services, and involve new partners such as health foundations and professional associations in the committee's work.
- Local health jurisdictions should consider partnering with the Washington Health Foundation to host community forums on access issues across the state.
- Local health jurisdictions should consider building local coalitions around access issues with local health providers and area businesses.
- Public purchasers should consider expanding their use of the Board's menu and other evidence-based approaches to guide "value-based" purchasing.
- Designers of benefit packages should give equal weight to evidence about the efficacy and public health value of mental, behavioral, and dental health services.
- Washington Health Foundation and the Department of Health should together consider modifying the "County Health Profiles" to include more information that tracks access to critical health services.
- Washington residents should consider two key questions: "Can we afford the health-care choices that we want?" and "Are there any health-care services, other than immunizations, that government should take steps to guarantee for all residents?"

Updated Findings

- Access remains a high priority for Washingtonians.
- Medical literature increasingly supports the link between access to critical health services and improved health outcomes.
- The evidence base for the Board's Menu continues to grow.
- Overall, trends in health care financing will likely increase access problems.
- However, some recent state policy initiatives are consistent with the Board's emphasis on access and its Menu approach.

Source: Status Report on Access to Critical Health Services, Phase II (2001–03), adopted December 2002.



“Every child is entitled to a healthy start in life.”

— Vickie Ybarra, R.N., M.P.H.
Board Member

PRIORITY PROJECTS:

Children’s Health and Well Being

One of the most effective ways to assure healthy citizens and communities is to safeguard the health of children. It is critical that Washington’s children have access to preventive health care that allows them to grow into adults with healthy bodies and healthy lifestyles.

Safeguarding the health of Washington’s children is one of the most important investments we can make—it benefits our children as well as their families, communities, and the state. The Board has responsibility to help ensure that children’s health problems are prevented or identified as early as possible. In 2002, the State Board of Health exercised its rule-making authority to help assure children are born healthy and stay healthy, or if they are sick that their problems are quickly identified. The Board worked with multiple agencies, organizations, experts, and interested individuals to revise several rules so that:

- Pregnant women are offered prenatal tests that meet current standards of practice;
- Newborns are universally screened for specific disorders that can be identified and treated; and
- Children are immunized for vaccine-preventable diseases by school entry—or in the event of a vaccine shortage, as soon as possible.

The State Board of Health Recommends:

The Board and the Department of Health formed an expert advisory committee that developed criteria to evaluate screenings for additional disorders identifiable among newborns. The committee recommended that six disorders be added:

- Biotinidase Deficiency
- Galactosemia
- Homocystinuria
- Medium Chain Acyl Co-A Dehydrogenase Deficiency (MCADD)
- Maple Syrup Urine Disease (MSUD)
- Early Hearing Loss

Funding for the new screenings was included in the Governor’s budget. Rule revision is expected to be completed in the spring of 2003.

PRIORITY PROJECTS:

Health Disparities

Health disparities describes a disproportionate burden of disease, disability, and death among a particular population or group. The Board's May 2001 *Final Report on Health Disparities* documented the severity of health disparities in Washington. It demonstrated that people of color are underrepresented in our state's health care workforce and underserved by its health care system.

In March 2002, the Board gathered representatives from professional associations, academia, foundations, agencies, and other interested groups to form a Health Workforce Diversity Network, under the leadership of Washington State Nurses Association and Washington State Medical Association representatives. Network committees focused on: enumerating the health workforce; identifying gaps in health career pipelines; and pursuing funding to expand efforts to diversify the health workforce. The network also advised the state's Health Care Personnel Shortage Task Force on diversity.

At its May 2002 meeting, the Board highlighted Washington programs that recruit students of color into health careers.

On the Web:

<http://www.doh.wa.gov/sboh/Priorities/disparities/disparities.htm>

Vickie Ybarra

Board Member Vickie Ybarra was appointed to the Institute of Medicine's Committee on Institutional and Policy Strategies for Increasing the Diversity of the Healthcare Workforce. The Committee will:

1. assess and describe potential benefits of greater racial and ethnic diversity among health professionals for improving the access to and quality of healthcare for Americans;
2. assess institutional and policy-level strategies that may increase diversity within the health professions; and
3. identify mechanisms to garner broad support among health professions leaders, community members, and other key stakeholders to implement these strategies.

It expects to publish its report in January 2004.

"Research demonstrates that diverse health care workers are more likely to serve diverse communities."

— Joe Finkbonner, R.Ph., M.H.A.,
Board Member



Front row left to right: Dr. Charles Chu, DPM; Mary Selecky; Vickie Ybarra, RN, MPH; Carl Osaki, RS, MSPH; The Honorable Margaret Pageler, JD. Back row left to right: Dr. Ed Gray, MD; Dr. Thomas Locke, MD, MPH; Linda Lake, MBA; Joe Finkbonner, R.Ph, MHA.

The ten-member State Board of Health helps lead efforts to understand and prevent disease across our entire population.

Membership

Consumers

Linda Lake, M.B.A., Chair, has 25 years of experience in the field of health and social services. She has directed several community health and social service organizations, including the Pike Market Medical Clinic.

Joe Finkbonner, R.Ph., M.H.A., is director of the EpiCenter at the Northwest Portland Area Indian Health Board. He has served as chair of the American Indian Health Commission, director of the Lummi LIFE Center, and chief executive officer of the Lummi Indian Business Council.

Elected City Officials

The Honorable David R. Crump, Ph.D., a child psychologist, is a

Liberty Lake City Council Member and member of the Spokane Health District Board. (Effective August 2002.)

The Honorable Margaret Pageler, J.D., is a member of the Seattle City Council and of the Board of Health in Seattle and King County. (Through July 2002.)

Elected County Officials

The Honorable Carolyn Edmonds, a former legislator, is a Metropolitan King County Council Member and chair of the King County Board of Health. (Effective August 2002.)

The Honorable Neva J. Corkrum is a Franklin County Commissioner and member of the Benton-Franklin Health District Board of Health. (Through July 2002.)



Hon. Carolyn Edmonds



Hon. David Crump, Ph.D.

Department of Health

Mary Selecky is secretary of the Washington Department of Health and former administrator of Northeast Tri-County Health District.

Health and Sanitation

Charles R. Chu, D.P.M., a practicing podiatrist, is president of the Washington State Podiatry Independent Physician Association.

Ed Gray, M.D., is health officer for the Northeast Tri-County Health District and chair of the Basic Health Plan Advisory Committee.

Carl S. Osaki, R.S., M.S.P.H., former director of environmental health for Public Health-Seattle & King County, is on the faculty at the University of Washington.

Vicki Ybarra, R.N., M.P.H., is director of planning and development for the Yakima Valley Farm Workers Clinic. Much of her work is dedicate to supporting children and families.

Local Health Officers

Thomas H. Locke, M.D., M.P.H., Vice Chair, is health officer for Clallam and Jefferson counties and medical director of the Port Gamble S'Klallam tribal health program.

Board Staff

Don Sloma, M.P.H., Executive Director

Craig McLaughlin, M.J., Senior Health Policy Manager

Doreen Garcia, M.P.P., Senior Health Policy Advisor

Marianne Seifert, M.A., Health Policy Advisor

Desiree Day Robinson, Executive Assistant to the Board

Jennifer Dodd, Assistant to the Board

2003 Meeting Schedule

January 8, Olympia

February 12, Olympia

March 12, Olympia

April 9, Olympia

May 14, Shelton

June 11, SeaTac

July 9, Colville

August 13, SeaTac

September 10, Stevenson

October 9, Yakima

November 12, Olympia

December 10, SeaTac

*Meetings in italics are tentative.
Meeting dates and locations are
subject to change. See
www.doh.wa.gov/sboh for updates.*



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